

Auto Secure Private Car Package Policy

Name: MR ARUN R

Address: C6, SUMANGALI APARTMENTS, 1/A, VALLALAR NAYANAR STREET, PALAYAM KOTTAI, TIRUNELVELI - 627002 TIRUNELVELI

TIRUNELVELI TAMIL NADU INDIA

Dear MR ARUN R,

Welcome to Tata AIG General Insurance Company Limited's family & we thank you for choosing our Auto Secure Private Car Package Policy for your vehicle insurance.

We are enclosing Policy schedule cum certificate of insurance of your vehicle. You are requested to visit our website www.tataaiginsurance.in for policy wording.

We would like to inform you that policy has been issued based on the information and declaration provided by you. No Claim Bonus (NCB) if shown on your policy schedule has been allowed as you had not reported any claim in the previous policy.

Kindly go through the enclosed information/declaration provided by you and in case your policy shows No Claim Bonus, for which you are not entitled as explained above or any other error/discrepancy then we request you to get in touch with us within 15 days of receipt of the policy for correction otherwise all particulars will be deemed to be correct.

You may reach us at our 24*7 helpline 1800 266 7780 for providing any information or in case you desire to have a printed copy of policy wording.

We, thank you once again, for choosing Tata AIG General Insurance Company Limited for insuring your vehicle. We assure you of our best of services at all times. Happy driving!

Sincerely,

For Tata AIG General Insurance Company LTD.

Authorized Signatory

Valuaber

Date: 20/02/2018

Your Policy Details :

Policy Number: 0158024961 00

Policy Period: From 20/02/2018 to. Midnight Of 19/02/2019

Premium Paid : ₹ 16,537.00

Get the Auto Restore Garage Advantage: take the Car to an ARG in case of an Accident

- · Free pick-up of car!
- · Direct settlement facility!
- · 3/6-month warranty on parts and paint!

^ In select garages across India, Conditions apply

Renew your policy hassle free

** 1800 266 7780

Renew by calling our 24X7 Toll Free No.

www.tataaiginsurance.in

Quick steps incase of a claim

- 1
- FIRST ATTEND TO ANY INJURY
- ► RECORD THE INCIDENT
- ► KEEP REQUIRED DOCUMENTS HANDY
- 2
- CONTACT US ON OUR TOLL FREE NOS.
- FILL OUT CLAIM FORM AVAILABLE ON OUR WEBSITE
- 3
- INCASE OF THEFT, PROPERTY DAMAGE OR INJURY, INFORM THE POLICE





Tata AIG General Insurance Company Limited A-501, 5th Floor, Building No. 4, Infinity Park, Dindoshi, Malad (E), Mumbai, India - 400 097. Claims Registration SMS 'CLAIMS' to 5616181 or e-mail: general.claims@tata-aig.com





Your vehicle is now insured, have you considered insuring the other aspects for your life.

Visit us at www.tataaiginsurance.in



PERSONAL ACCIDENT INSURANCE

Accident Guard Policy

Rs. 5 lac Sum Insured at under Rs.4\Day

^Premium mentioned covers Self and Family and is Inclusive of All Applicable Taxes, Conditions apply.



HOME INSURANCE

Home Secure (Householders) Instachoice Policy

Upto Rs. 45 Lac Sum Insured at under Rs.45[#]/Day

 $\#Premium\ mentioned\ is\ Inclusive\ of\ All\ Applicable\ Taxes,\ Conditions\ apply.$



HEALTH INSURANCE MediPrime

Save upto Rs.55,000 Tax*

*Tax benefit under section 80D of Income Tax Act 1961. Tax benefits are subject to changes in tax laws. If one purchases a health insurance policy for self/spouse/children, he/she can claim a tax deduction of upto ₹ 25000. When one purchases a health insurance policy for parents (a senior citizen), he/she is eligible for an additional tax deduction benefit upto ₹ 30000.

Purchase of Tata AIG General Insurance Company Limited products are purely on voluntary basis. Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale.

Accident Guard Policy UIN: IRDA/NL-HLT/TAGI/P-P/V.I/195/13-14 MediPrime UIN:IRDA/NL-HLT/TAGI/P-H/V.I/34/13-14 Homesecure (Householders) Instachoice Policy for health component i.e. Personal Accident cover UIN: 53/IRDAI/HLT/TAGI/NL-PACKAGE/2015-16



Certificate Of Insurance and Policy Schedule Form 51 of the Central Motor Vehicle Rules, 1989 Agent/Broker/Producer Name: SUNIL ANAND Agent/Broker License Code: AIGI26091705; Agent/Broker Contact No.: 9043081466 Certificate & Policy No.: 0158024961 00 **Policy Type:** Auto Secure - Private Car Package Policy From 15:00 Hrs on 20/02/2018 Period of Insurance: **Date of Expiry** To midnight of 19/02/2019 Premium (Inclusive of All Insured Name & Address: ₹ 16,537.00 Applicable Taxes) MR ARUN R Insured Business/Profession: OTHER C6, SUMANGALI APARTMENTS, Geographical Area: India 1/A, VALLALAR NAYANAR STREET, TIRUNELVELI Registration Authority: PALAYAM KOTTAI, CORPORATION BANK HPA / Hyp / Lease to: TIRUNELVELI - 627002 TTRI INFI VFI T TAMIL NADU **INDIA** Seating Registration No. Make & Model **Engine No.** Chassis No. α Mfg. Year **Body Type** Capacity HYUNDAI I 20 - SPORTS MALBB51BLBM633703 TN 72 AS 0690 G4LADM197001 2014 SALOON 1197 Total Insured IDV of non-built-in Accessories(₹) **IDV of Vehicle IDV** of trailers Bi-Fuel/CNG/LPG Declared **Non-Electrical** Kit(₹) Electrical (₹) (₹) Values(IDV) - (₹) 440,000.00 0.00 0.00 0.00 0.00 440,000.00 SCHEDULE OF PREMIUM A. OWN DAMAGE **B. LIABILITY** ₹ Premium on Vehicle and non electrical accessories ₹7,216.77 Basic 2,863.00 A. TOTAL OWN DAMAGE PREMIUM ₹ 7,216.77 Add: Compulsory PA Cover for Owner-Driver ₹2,00,000 100.00 265.00 Add: Legal Liability to paid driver as per (IMT 28) Add: Key Replacement (Sum Insured (SI) ₹ 25,000.00 per occurrence limit 50.00 50% of SI) (TA15) B. TOTAL LIABILITY PREMIUM 3,013.00 Add: Depreciation reimbursement (TA01) ₹ 3,300.00 COMPREHENSIVE PREMIUM(A+B+C) ₹ 14,014.77 Add: Emergency transport and hotel expenses (TA10) NET PREMIUM ₹ 14,015.00 110.00 Any One Accident: ₹ 5000 UGST/SGST @9 % ₹ 1,261.00 Any One Year : ₹ 10000 CGST @9 % ₹ 1,261.00 Add: Loss of Personal belonging (TA09) ₹ 110.00 TOTAL PREMIUM ₹ 16,537.00 Sum Insured: ₹ 10000 C. TOTAL ADD ON PREMIUM ₹3,785.00 Road Side Assistance 136.88 (Inclusive of All Applicable Taxes) Drivers Clause: Persons or classes of persons entitled to drive: Any person including the insured. Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989. Limitations as to Use: The Policy covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) C Organized racing d) Pace Making e) Speed testing f) Reliability Trials g) Any purpose in connection with Motor Trade Limits of Liability: Under Section II -1 (i) of policy (Death of or bodily injury): Such amount as is I/we hereby certify that the Policy to which this Certificate relates as necessary to meet the requirements of the Motor Vehicles Act, 1988. well as this Certificate of Insurance are issued in accordance with Under Section II -1 (ii) of policy (Third Party Property Damage): ₹ 7,50,000.00 provisions of Chapter X and XI of Motor Vehicles Act, 1988. **Under Section III**: PA to Owner Driver CSI: ₹ 200,000.00 In witness whereof this Policy has been signed at CHENNAI on Nominee: MRS. ARUN .R Relationship:Wife 20/02/2018 Number of claims covered under Depreciation Reimbursement Cover: 2 Receipt No.(s): 103001005566772 20/02/2018 Basis of claim settlement for Tyre Secure cover :0 The stamp duty of ₹0.50 paid in cash or demand draft or by pay order, vide Receipt/Challan no:MH010227751201718E dated :05/02/2018 This policy does not cover pre-existing damages as per Inspection photographs and Report For Tata AIG General Insurance Company LTD. Deductible Under Section - I : ₹ 1,000.00 - (Compulsory Deductible : ₹ 1,000, Voluntary Deductible: ₹ 0,Imposed Excess: ₹ 0)Franchisee: ₹ 0.00 No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as follows: The preceding year 20%,, preceding two consecutive years -25%, preceding three consecutive years - 35%, preceding four consecutive years - 45%, preceding five consecutive years -50% of NCB on OD Premium. NCB will only be Authorized Signatory allowed provided the policy is renewed within 90 days of the expiry date of the previous policy. Subject to: A) IMT Endorsement No.: 07,22,28 **B. TATA AIG Auto Secure endorsement No.(TA):** 01, 08, 09, 10, 15, 19 GSTIN: 33AABCT3518Q1Z3 - TAMIL NADU Service Accounting Code: 9971 Policy Servicing Office: 2nd Floor, Samson Towers, 403 L Pantheon Road, CHENNAI, TAMIL NADU, CHENNAI-600008, Tel No:-044-28202000/55220222 IMPORTANT NOTICE The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the Company by reason of wider terms appearing in the Certificate in order to comply

The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule.Any payment made by the Company by reason of wider terms appearing in the Certificate in order to complewith the Motor Vehicles Act, 1988 is recoverable from the Insured. See the clause headed 'AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY'.

Note: This Schedule, Policy terms and conditions available on company website and Endorsements mentioned herein above shall read together and word or expression to which a specific meaning has been attached in any part of this Policy or

Note: This Schedule, Policy terms and conditions available on company website and Endorsements mentioned herein above shall read together and word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear. Any amendments/modifications/alterations made on this system generated policy document is not valid and Company shall not be liable for any liability whatsoever arising from such changes. Any changes required to be made in the policy once issued, would be valid and effective, only after written request is made to the Company and Company shall not be liable for any liability whatsoever arising from such changes. Any changes required to be made in the policy once issued, would be valid and effective, only after written request is made to the Company and Company accepts the requested amendments/modifications/alterations and records the same through separate endorsement to be issued by the Company. You are advised to go through the policy schedule cum certificate of insurance which is issued based on your declaration and if any error/ discrepancy is found in respect of vehicle details, No Claim Bonus or any other material information, it is should be brought to our notice within 15 days of receipt of this policy for necessary correction along with the supporting documents, otherwise it will be deemed correct. You may visit company website at www.tataaiginsuarance.in for detailed benefits, terms & conditions & exclusions of the policy. You may also reach us at our 24*7 helpline 1800 266 7780 in case you desire to have a printed copy of policy wording. Our grievance refressal procedure and details about ombudsman is also available in our policy wording. Our grievance refressal procedure and details about ombudsman is also available in our policy wording. Our grievance refressal procedure and details about ombudsman is also available in our policy wording. Our grievance refressal procedure and details about ombudsman i





RECEIPT

Receipt No.: 103001005566772 Receipt Date: 20/02/2018

Policy No: 0158024961 00

Received with thanks from MR ARUN R a sum of ₹ 16,681.00 (Rupees Sixteen Thousand Six Hundred Eighty One And Paise 00 Only) vide Card no. XXXXXXXXXXXX9999

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0158024961 00	16,674.00	16,673.00	8.00

Note:

- 1. This is a computer generated receipt and does not require a signature.
- 2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.
- 3. Amounts received by cheque shall be subject to realisation.
- 4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

GSTIN: 33AABCT3518Q1Z3 - TAMIL NADU Service Accounting Code: 9971

Revenue (consolidated) Stamp Duty duly paid vide challan No.MH007523724201718E date 23/11/2017 for applicable cases.



1. Name (Registered Owner of the Motor Vehicle)*: MR ARUN R

2. Address for : C6, SUMANGALI APARTMENTS, Communication* 1/A, VALLALAR NAYANAR STREET,

PALAYAM KOTTAI, TIRUNELVELI - 627002 TIRUNELVELI

TAMIL NADU INDIA

3. Vehicle Details: Please refer policy schedule cum certificate.

4. Vehicle Purchased is 5. Vehicle Type: Indigenous

6. Fuel Type: Petrol

7. Insured's Declared Value - Please refer policy schedule cum certificate.

8. Previous Insurance Particulars*:

Policy Number*: N/A Date of Expiry*: N/A Type of Cover: N/A

Name of the Insurer*: N/A

Accident in the previous policy period: No NCB in previous policy: N/A NCB claimed:

9. Period of Insurance Desired from*:20/02/2018 to midnight of 19/02/2019

10. Financier's Details: Please refer policy schedule cum certificate.

11. Extra Benefits opted

Un-Named Persons Personal Accident Cover for seating capacity, including driver: CSI ₹ N/A

Wider Legal Liability to Paid Driver (As per Workmen's Compensation Act, Fatal Accident Act & Common Law): Yes

Personal Accident Cover for Owner Driver: CSI 200000

Name of the Nominee & Age: MRS.ARUN .R 28 Relationship: Wife

Name of Appointee (if Nominee is Minor): N/A Relationship to the Nominee: N/A

12. Restriction of Cover/Discounts/Concessions/Extended Covers

Name of Automobile: Membership no

Third Party Property Damage Cover restricted to ₹ 6,000/ only: No

Is Voluntary Deductible opted NO Amount of Deductible opted: ₹ N/A

Vehicle is fitted with Anti Theft Device approved by ARAI : No

13. Add on covers - Please refer policy schedule cum certificate.

14. Bank Details (Required for Refund / Claims)

Name of the Account Holder: MR ARUN R

Name of Bank & Branch: N/A, N/A Account Number: N/A IFSC Code of Bank: N/A

15. Declaration for No Claim Bonus (If NCB Confirmation is not submitted but NCB claimed)

I/We declare that the rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the expiring Policy Period (Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect all benefits under the Policy in respect of Section-1 of the Policy will stand forfeited.

16. I hereby give my consent to receive one page insurance policy.

17. AML Guidelines:

- 1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
- 2. I understand that the Company has the right to call for documents to establish sources of funds.
- 3. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.